

**REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING  
SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE  
(Under Provisions of Chapter 35, Title 38, U.S.C.)**


**PART V - YOUR PROGRAM**

16. HOW WILL YOU TAKE TRAINING ?

SCHOOL ATTENDANCE

FARM COOPERATIVE

CORRESPONDENCE COURSE - Spouse or Surviving Spouse Only

LICENSING OR CERTIFICATION TEST

APPRENTICESHIP OR ON-THE-JOB TRAINING

NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT

17A. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE

17C. IF CHANGING SCHOOLS, GIVE NAME AND COMPLETE ADDRESS OF **NEW** SCHOOL OR TRAINING ESTABLISHMENT YOU ARE PLANNING TO ATTEND  
*(If applicable)*


17D. NAME AND COMPLETE ADDRESS OF OLD OR CURRENT SCHOOL (OR TRAINING ESTABLISHMENT)

**CERTIFICATION AND SIGNATURE OF APPLICANT**

19A. SIGNATURE OF APPLICANT (*DO NOT PRINT*)

19B. DATE SIGNED



The image shows a table with three rows. The bottom row contains a bar chart with two bars. The first bar is shorter than the second bar.

Bar	Height
1	Shorter
2	Taller